

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000021029 (9)  
1. Corporation Name  
MONARCH PROPERTY INVESTMENTS, INC.



Principal Place of Business: 2999 NORTHEAST 191ST STREET SUITE 900 AVENTURA FL 33180  
Mailing Address: 2999 NORTHEAST 191ST STREET SUITE 900 AVENTURA FL 33180-3117

|                                |  |                     |  |  |                                |
|--------------------------------|--|---------------------|--|--|--------------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified  | 3a. Date of Last Report        |
| 21                             |  | 26                  |  | 03/06/1996   |                                |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number  | Applied For                    |
| 22                             |  | 27                  |  | 65-0652309   | Not Applicable                 |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |
| 23                             |  | 28                  |  | <input type="checkbox"/>   |                                |
| Zip                            |  | Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be Added to Fees    |
| Country                        |  | Country             |  | <input type="checkbox"/>   |                                |
| 24                             |  | 29                  |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| 25                             |  | 30                  |  |  |                                |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                              |  |  |  | 10. Name and Address of New Registered Agent                                |  |  |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525 |  |  |  | B1 Name: Adam R. Schiffman  |  |  |  |
|  |  |  |  | B2 Street Address (P.O. Box Number is Not Acceptable): 2999 NE 191st Street |  |  |  |
|  |  |  |  | B3 Suite 900  |  |  |  |
|  |  |  |  | B4 City: Aventura FL B5 Zip Code: 33180                                     |  |  |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Adam R. Schiffman DATE: 3/7/97

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | Director, President, Secretary, Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME  | Sylvia Bernstein  |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    | 2999 NE 191st Street, Suite 900   |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       | Aventura, Florida 33180   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |                                 | 2.2 NAME  |   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |                                 | 3.2 NAME  |   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |                                 | 4.2 NAME  |   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sylvia Bernstein DATE: 3/7/97 DAYTIME PHONE #: (305) 773-0615

CR2E034 (9/96)